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FAX TRANSMISSION**DATE:** February 21, 2008**PTO IDENTIFIER:** Application Number 10/690,344-Conf. #4221

Patent Number

Inventor: Kim P. Kobza et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** PATTON BOGGS LLP

Michele V. Frank

PHONE: (703) 744-8000**Attorney Dkt. #:** 025058.0101PTUS**PAGES (Including Cover Sheet):** 30**CONTENTS:**
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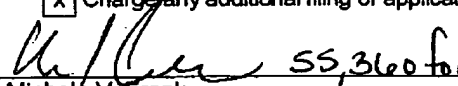
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AMENDMENT TRANSMITTAL LETTER				Docket No. 025058.0101PTUS	
Application No. 10/690,344-Conf. #4221		Filing Date October 20, 2003		Examiner C. Y. T. Truong	
				Art Unit 2162	
Applicant(s): Kim P. Kobza et al.					
Invention: Platform for Management of Internet Based Public Communication and Public Comment					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	51	- 47 =	4	x 25.00	100.00
Independent Claims	6	- 5 =	1	x 105.00	105.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					205.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>50-2228</u> in the amount of \$ _____.					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-2228</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michela V. Frank Attorney/Agent Reg. No.: 37,028 PATTON BOGGS LLP 8484 Westpark Drive, 9th Floor McLean, Virginia 22102 703.744.8000				Dated: <u>February 21, 2008</u>	
				02/22/2008 VBUI11 00000047 10690344 02 FC:2201 105.00 OP 03 FC:2202 100.00 OP	

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PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0851-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/690,344-Conf. #4221
		Filing Date	October 20, 2003
		First Named Inventor	Kim P. Kobza
		Examiner Name	C. Y. T. Truong
		Art Unit	2162
TOTAL AMOUNT OF PAYMENT		(\$)	730.00
Attorney Docket No.		025058.0101PTUS	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account Deposit Account Number: <u>50-2228</u> Deposit Account Name: <u>Patton Boggs LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	210	105					
Multiple dependent claims	370	185					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
51	- 47 = 4	x 25.00 =	\$100	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
6	- 5 = 1	x 105.00 =	105.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month							525.00

SUBMITTED BY			
Signature	<u>Midhele V. Frank</u>	Registration No. (Attorney/Agent)	37,028
Name (Print/Type)	Midhele V. Frank	Telephone	(703) 744-8000
		Date	February 21, 2008

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PTO/SB/97 (09-04)
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Application No. (if known): 10/690,344

Attorney Docket No.: 025058.0101PTUS

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on February 21, 2008
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